

Revised 1/11

MONTGOMERY COUNTY ETHICS COMMISSION

GENERAL EMPLOYEE OUTSIDE EMPLOYMENT REQUEST FORM

PRINT OR TYPE

Notice: If the application is approved, your name, the name of your employer, the nature of the job, and any restrictions will be posted on the Ethics Commission's website in accordance with §19-12(a) of the County Ethics Law

All general County employees must comply with Chapter 19A (Ethics Law) and COMCOR 19A.06.02 (Administrative Policies and Procedures for Outside Employment.)

(Please submit an original and one copy of this request. Use additional paper if necessary. Employee may begin outside employment as soon as department head has given written approval on this form. However, such approval is conditional and subject to the final decision of the Ethics Commission.)

| | | Date: | |
|-------|--|--|---------------------|
| TO: | Ethics Commission | | |
| VIA: | | | _ (Department Head) |
| VIA: | | | (Supervisor) |
| | | LETE OR YOUR APPLICATION THOUT FINAL APPROVAL | WILL BE |
| | general county employees must condition (ACOR 19A.06.02 (Administrative) | | |
| | JECT: Pursuant to Chapter 19A of the est to engage in employment outside o | | |
| 1. Na | ame | County position title | |
| De | epartment | Division | |
| Of | ffice phone number | Work schedule (e.g. 8:30 - | 5:00) |
| 2. Br | ief description of duties and responsit | pilities of County position: | |
| | | | |

| Employee's last name: |
|---|
| 3. Brief description of your County department's function: |
| |
| Outside Employer's Company Name: |
| Company Supervisor's Name: Phone No: |
| Company Address: |
| Nature of company business: |
| |
| |
| Position title, duties, and responsibilities of your outside employment: |
| 5. Hours per week to be spent on outside employment and your work schedule with outside employer (specific hours when you will be working at this job): |
| 6. Anticipated length of your employment with outside employer: |
| Indicate (month/years/indefinite) |
| 7. Is the prospective employer regulated by your County department/agency? |
| (Circle one) Yes or No |
| 8. Are you or another department employee in charge of hiring personnel for your prospective employer? Check all that apply: |
| I am Another dept employee Neither |
| 9. Will you supervise anyone at your prospective workplace who currently supervises you in your County employment? (Circle one) Yes or No |

| employer? 12. Does the prospective employer negotiate or contract with your County department/agency? (Circle one) Yes or No 13. Do you supervise or does a person who supervises you as part of your county employment hold any economic interest in your prospective employer? (Circle one) Yes or No 14. Could this prospective employment impair your impartiality or independence in your County job? (Circle one) Yes or No Explain: Employee Signature DIRECTOR SUPERVISOR RECOMMENDATION: (If applicable) ApproveDeny (state specific reasons for denial) Comments: Signature of Direct Supervisor DEPARTMENT HEAD RECOMMENDATION:ApproveDeny (state specific reasons for denial) Comments: | Employee's last name: _ | | |
|--|--|-------------------|------------|
| 11. What, if any, percentage ownership interest do you hold in your prospective employer? 12. Does the prospective employer negotiate or contract with your County department/agency? 13. Do you supervise or does a person who supervises you as part of your county employment hold any economic interest in your prospective employer? (Circle one) Yes or No 14. Could this prospective employment impair your impartiality or independence in your County job? (Circle one) Yes or No Explain: Employee Signature DIRECTOR SUPERVISOR RECOMMENDATION: (If applicable) Approve Deny (state specific reasons for denial) Signature of Direct Supervisor DEPARTMENT HEAD RECOMMENDATION: Approve Deny (state specific reasons for denial) Comments: | | • | _ |
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| Signature of Department Head Date Printed Name of Department Head | | | |
| | Signature of Department Head Date Printed Na | me of Departmen | t Head |